

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>745</i>	<i>6784</i>	<i>9/28/01</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>10/30/01</i>
<b>FORMALITY REVIEW</b>	<i>10</i>	<i>06959</i>	<i>11/12/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>11/19/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date				
Final	Original	1	2	3	4
1	✓	✓	✓	✓	
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38			✓		
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50	✓	✓	✓	✓	

Claim	Date				
Final	Original	1	2	3	4
51	✓	✓	✓	✓	
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87			✓		
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100	✓	✓	✓	✓	

Claim	Date				
Final	Original	1	2	3	4
101	✓	✓	✓	✓	
102	✓	✓	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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